Page 1

42015 Study Area Code 42901 Study Area Name Antition Valley Telecon Oxporation 42020 Program Ware 42030 Contact Name: Person USAC chould contact with question about the data of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Email of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact Telephone Number of the person identified in data line 40300 40305 Contact	iice io	m (61) - Carrier Annual Resonling Babi Gallesian Ralife		56€ omi/19€ €170 €250 € 2009€	THE COURT OF THE C
4010- Study Area Name Chariton Yalley Telecom Corporation Control Tongam Year 2015 JUL 0 8 2014 Tina Jordan Tina Jordan Tina Jordan Tina Jordan Tina Jordan Tina Jordan FOC Mail Room Annuber of the person identified in data line 4030- Sometimal Address: Email of the person identified in data line 4030- Sometimal Address: Email of the person identified in data line 4030- Sometimal Address: Email of the person identified in data line 4030- Sometimal Address: Email of the person identified in data line 4030- Sometimal Address: Email of the person identified in data line 4030- Sometimal Address: Email of the person identified in data line 4030- Sometimal Address: Email of the person identified in data line 4030- Sometimal Address: Email of the person identified in data line 4030- Sometimal Address: Email of the person identified in data line 4030- Sometimal Address: Email of the person identified in data line 4030- Sometimal Address: Email of the person identified in data line 4030- Sometimal Address: Email of the person identified in data line 4030- Sometimal Address: Email of the person identified in data line 4030- Sometimal Address: Sometimal	<010>		429031		Received & Inspected
Contact Name: Person USAC should contact Titles Jordan T			Carlo	elecom Corporation	
Contact Name: Person USAC should contact with questions about this data. 46335 Contact Telephone Number Number of the person identified in data line <0300- 10095 Contact Telephone Number Service Quality Insport when the person identified in data line <0300- 10095 Service Quality Insport when the person identified in data line <0300- 10095 Outgas Reporting (voice) 10095 Outgas Reporting (voice) 10090 Unfulfilled Service Requests (voice) 10090 Unfulfill	<020>	I symptomistic model be-	2015		JUL 0 8 2014
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ANNUARREOBRINGIBLE CARBS Comparing Complete an extended worksheet Comparing Compa	<039>		tjordan@charitonva	lley.com	
Service Quality improvement Reporting (complete attached worksheet)	ANNUA	LREPORTING FOR ALL CANRIERS			Completion Completion Required Required
C-check box if no outages to report	<100>	Service Quality Improvement Reporting		(complete attached worksheet)	
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Addo Number of Complaints per 1,000 customers (voice) Fixed	<320>	Unfulfilled Service Requests (broadband)			
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<800> Operating Companies and Affiliates (complete attached worksheet) <900> Tribal Land Offerings (Y/N)? (lf yes, complete attached worksheet) <1000> Voice Services Rate Comparability (check to indicate certification) <1100> Terrestrial Backhaul (Y/N)? (lf not, check to indicate certification) <1110> (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (check to indicate certification) (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (check to indicate certification) (complete attached worksheet) (complete attached worksheet)		(1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		(complete attached worksheet)	
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<1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (complete attached worksheet) (complete attached worksheet)	<1100>	Terrestrial Backhaul (Y/N)?	(y	f not, check to indicate certification)	
<1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> <2005> (check to indicate certification) (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> <3000> (complete attached worksheet)	<1110>			(complete attached worksheet)	ANIME.
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<2000> (check to indicate certification) (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification) (complete attached worksheet)		Price Cap Carriers, Proceed to Price Cap Additional D	ocumentation Works	sheet	
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<3000> (check to indicate certification) (3005> (complete attached worksheet)	<2005>				
<3005> (complete attached worksheet)		Rate of Return Carriers, Proceed to ROR Additional D	Ocumentation Work	sheet	
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No. of Copies rec'd ()
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30	ervice Quality Improvement Reporting Ilection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	429031	
<015>	Study Area Name	Chariton Valley Telecom Corporation	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6603959682 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com	The state of the s
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only	company is a	
	required to address voice telephony service.		
	Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.		Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	4290)1
<015>	Study Area Name	Chariton Valley Telecom Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	6603959682 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com

<220>

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

(700) Price Offerings including Voice Rate Data		FCC Form 481	
Data Collection Form:		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010> Study Area Code	429031		

<010>	Study Area Code	453021
<015>	Study Area Name	Chariton Valley Telecom Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	6603959682 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

100	sept.	466	 iol>	4625	4000	Compared AND Comment	(1)	
2000			2002	Residential Local			Mandatory Extended Area	a 172 a la 17 mars
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fe
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<010>	Study Area Code	429031
<015>	Study Area Name	Chariton Valley Telecom Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	6603959682 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvallev.com

					Broadband Service -			Usage Allowance
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Action Taken When Limit Reached (selec
	100,00 - 200 - 140 - 120 - 100				77.2000			
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	erating Companies ection Form			
<010>	Study Area Code	429031		
<015>	Study Area Name	Chariton Vall	ev Telecom Corporati	on
<020>	Program Year	2015		***
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6603959682 ex	kt.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@char	itonvalley.com	
<810>	Reporting Carrier Chariton Valley Telecom Corporation			
<811>	Holding Company			
<812>	Operating Company			
<813>	Affilian		5AG	Delive Paris or A. C. stranger Devil Designation
	Affiliates		SAC	Doing Business As Company or Brand Designation
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Study Area Code 42901	1000	al Lands Reporting ection Form				50-0986/OMB Control No.	
Chariton Valley Tealecon Corporation CODD Program Year CODD Program Year CODD Contact Name - Person USAC should contact regarding this data This Jordan CODD Contact Telephone Number - Number of person identified in data line <0300 CODD Contact Email Address - Email Address of person identified in data line <0300 CODD Tribal Land(s) on which ETC Serves Tribal Land(s) on which ETC Serves Tribal Government Engagement Obligation Name of Attached Document If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to \$5.4.313(a)[9] includes: Select (Yes, No, NA) Compliance with Existing rules Compliance with Rights of way processes Compliance with Facilities Sting rules Compliance with Facilities Sting rules Compliance with Environmental Review processes Compliance with Facilities Sting rules	(100 BBS)	And the state of t	e desirente de la como	endere en la francia de la constanta	July 2013		Aren sun, m
Contact Name - Person USAC should contact regarding this data State Stat	<010>	Study Area Code	429031				
Contact Name - Person USAC should contact regarding this data Trana Jordan	<015>	Study Area Name	Chariton Valley T	elecom Corporation			
Contact Telephone Number - Number of person identified in data line <030> 4603355682 ext. 4910> Tribal Land(s) on which ETC Serves Tribal Government Engagement Obligation Name of Attached Document If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line \$20, demonstrates coordination with the Tribal government pursuant to \$5 + 3.13(a)(9) includes: 4921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. 4922> Feasibility and sustainability planning; 4923> Marketing services in a culturally sensitive manner; 4924> Compliance with Rights of way processes 4925> Compliance with Rights of way processes 4927> Compliance with Rights of way processes 4928> Compliance with Cultural Preservation review processes	<020>	Program Year	2015				
Contact Email Address - Email Address of person identified in data line <030> tjordan@charitonvalley.com Tribal Land(s) on which ETC Serves Tribal Government Engagement Obligation Name of Attached Document If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to (Yes, No, NA) Select (Yes, No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions. 4921> Needs assessment and deployment planning: Amarketing services in a culturally sensitive manner; 4924> Compliance with Rights of way processes 4925> Compliance with Rights of way processes 4926> Compliance with Land Use permitting requirements 4927> Compliance with Land Use permitting requirements 4928> Compliance with University manner; 4928> Compliance with University manner; 4928> Compliance with Land Use permitting requirements 4928> Compliance with Land Use permitting requirements 4928> Compliance with University manner; 4928> Compliance with View processes 4928> Compliance with View processes	<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan				
<920> Tribal Land(s) on which ETC Serves Value	<035>						
<920> Tribal Government Engagement Obligation Name of Attached Document If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to \$54.313(a)(9) includes: <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Tand Use permitting requirements <926 Compliance with Environmental Review processes <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes	<039>	Contact Email Address - Email Address of person identified in data line	> tjordan@charitonv	alley.com			
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	<910>	Tribal Land(s) on which ETC Serves					
to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes, No, NA) Select (Ye	<920>	Tribal Government Engagement Obligation		Name of Attach	ed Document		
to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA)	If your o	ompany serves Tribal lands, please select (Yes, No, NA) for each these boxes					
\$ 54.313(a)(9) includes: (Yes,No, NA)		51					
§ 54.313(a)(9) includes: (Yes,No, NA)	demons	trates coordination with the Tribal government pursuant to					
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes							
<923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes		Needs assessment and deployment planning with a focus on Tribal	NA)				
<924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes	<922>	Feasibility and sustainability planning;					
<924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes		and the state of the control of the state of					
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<927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes							
<928> Compliance with Cultural Preservation review processes							
		5					
Compliance with Tribal Business and Licensing requirements.							
	<929>	compliance with Tribal Business and Licensing requirements.					

Data Coll	Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	429031
<015>	Study Area Name	Chariton Valley Telecom Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	6603959682 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	rms and Condition for Lifeline Customers ection Form	FCC Form 481 DMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	429031
<015>	Study Area Name	Chariton Valley Telecom Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	6603959682 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com
<1210> <1220>	Terms & Conditions of Voice Telephony Lifeline Plans Link to Public Website HTTP	Name of Attached Document
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

Data Coll	ice Cap Carrier Additional Documentation ection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		FCC Form 481 - OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013,
<010>	Study Area Code	429031	
<015>	Study Area Name	Chariton Valley Telecom Corporation	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6603959682 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com	
CHECK th	ne boxes below to note compliance as a recipient of Incremental Connect Amer support as set forth in 47 CFR § 54.313(b),(c),(d),(t, High Cost support to offset access charge reductions, and Connect America Phase II In the documents attached below is accurate.
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}		
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband		
	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification		
<2018>	5th year Broadband Service Certification		
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi preceding calendar year.	t shall provide the number, names, and	tion
	A 1 1		
<2021>	Interim Progress Community Anchor Institutions		
		Name (of Attached Document Listing Required Information

	etion Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	The state of the s	Ĵuly 2013
<010>	Study Area Code	429031
<015>	Study Area Name	Chariton Valley Telecom Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	6603959682 ext.
<039>	Contact Email Address - Email Address of person identified in data line <0.30> **Transposter for the complete of the complete	tiordan@chariconvalley.con to 47 CF8 5 4.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 41
		he information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan)1:
	Milestone Certification (47 CFR § 54.313(f)(1)(i))	
		Name of Attached Document Listing Required Information
	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addroroviding access to broadband service in the preceding calendar year.	
(3012)	Community Anchor Institutions (47 CFR § 54.313{1}(1){ii})}	
	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Telecommunications Borrowers)	4
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	set Flowe
(2010)	bocomenias) for balance sheet, income statement and statement of ca	isi rives
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	
		Name of Attached Document Listing Required Information
(2018)	If the response is no on line 3014, is your company audited?	(Yes/No) (C)
(3010)		
	If the response is yes on line 3018, please check the boxes below to	
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a f	ormat comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	tach Floure
		The state of the s
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an	
	independent certified public accountant; or 2) a financial report in a	
	format comparable to RUS Operating Report for Telecommunications	
	Borrowers,	
(3023)	Underlying information subjected to a review by an independent certified	
120531	public accountant	
(3024)	Underlying information subjected to an officer certification.	H
(3025)		ash Flows
-1811-0111-0581		
(3026)	Attach the worksheet listing required information	
		1
		Name of Attached December Littles Required Information

	ione Reporting Equips Oction (room 1	18 (com 48) 18 (com 5) Vol. 3060-985/OMB Critirol No. 3060-0819
<010>	Study Area Code	429031
<015>	Study Area Name	Chariton Valley Telecom Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030> 6603959682 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> tjordan@charitonvalley.com

I certify that I am an officer of the reporting carrier; my responsibili recipients; and, to the best of my knowledge, the information repo	(ties include ensuring the accuracy of the annual reporting requirements for universal service support rted on this form and in any attachments is accurate.
Name of Reporting Carrier: Chariton Valley Telecom Corpo	ration
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/30/2014
Printed name of Authorized Officer: Tina Jordan	
Title or position of Authorized Officer: Director of Finance	
Telephone number of Authorized Officer: 6603959682 ext.	
Study Area Code of Reporting Carrier: 429031	Filing Due Date for this form: 07/01/2014

Certifica Data Col	foi Agen / earner cetorsතුත ද	e nelogicol No. 3066-8985/CMB Control No. 3066-0819
<010>	Study Area Code	429031
<015>	Study Area Name	Chariton Valley Telecom Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	6603959682 ext.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> tjordan@charitonvalley.com

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier. I
also certify that I am an officer of the reporting carrier; magent; and, to the best of my knowledge, the reports and	y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CA	F or LI Recipients on Behalf of Reporting Carrier
i, as agent for the reporting carrier, certify that I am auth the data reported herein based on data provided by the r		service support recipients on behalf of the reporting carrier; I have provided ge, the information reported herein is accurate.
Name of Reporting Carrier:	SPANCE STANKS	
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent;	
Study Area Code of Reporting Carrier:	Filing Due Date for this for	

Attachments

Received & Inspected

	erating Companies ection Form	JUL FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
Jata Coll		JUL FCC Nail Room FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	429031
<015>	Study Area Name	Chariton Valley Telecom Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	6603959682 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com
<810>	Reporting Carrier Chariton Valley Telecom Corporation	
<811>	Holding Company	
<812>	Operating Company	

ens.		THE CONTRACTOR OF THE SECOND CONTRACTOR
Affiliates	SAC	Doing Business As Company or Brand Designation
Chariton Valley Telephone Corporation	421864	
Missouri RSA 5 Partnership	429790	
Chariton Valley L.D. Corporation		

Certification of Officer as to Compliance with Applicable Service Quality Standards and Consumer Protection Rules

(010) Study Area Code

429031

(015) Study Area Name

CHARITON VALLEY TELECOM

(020) Program Year

2015

(030) Contact Name

Tina Jordan

(035) Contact Telephone No

660-395-9682

(039) Contact Email Address

tjordan@charitonvalley.com

CERTIFICATION

Chariton Valley Telecom Corporation (Chariton Valley) operates as a CLEC in the state of Missouri. The Missouri PSC Service Quality Rules do not apply to a CLEC. However, Chariton Valley continues to operate under the same standards as set by the Missouri PSC in 4 CSR 240-32.070 Quality of Service. Chariton Valley also complies with Red Flag Rules, CPNI, and the Fair Credit Reporting Act, and seeks to protect our customer's privacy while providing them with high quality, state-of-the-art telecommunications products and services including voice and broadband. I certify that I am an officer of the reporting carrier; my responsibilities include ensuring compliance with the applicable service quality standards as well as the consumer protection rules; and, to the best of my knowledge, the carrier is in compliance with applicable service quality standards and consumer protection rules pursuant to 47 C.F. R. 54.313 and 54.422.

Signature of Authorized Officer Printed Name of Authorized Officer Title or position of Authorized Officer

James Simon

General Manager

(Persons making willful false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.)

Received & Inspected

JUL 0 8 2014

FCC Mail Room